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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 09/995,358			ing Date 26/2001	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								_				HER THAN ALL ENTITY	
	FOR	1	NUMBER FILED		NUMBER EXTRA			RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A			N/A			N/A		
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		· N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR_1.16(i))		minus 20 =		•			x \$ =		OR	x \$ =		
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		•			x \$ =			x \$ =		
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).													
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))								TOTAL			TOTAL		
* If the difference in column 1 is less than zero, enter *0" in column 2.								TOTAL		į	TOTAL		
APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST								SMAI	LL ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	06/22/2009	REMAINING AFTER AMENDMENT	·	HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 17	Minus	** 20		= 0		x \$ =		OR	x \$52=	0	
	Independent (37 CFR 1.16(h))	* 3	Minus	***3		= 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))							_					
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R ISLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(i))	*	Minus	**		=		x \$ =		OR	x \$ =		
	Independent (37 CFR 1.16(h))	*	Minus	***		=		x \$ =		OR	x \$ _ =		
	Application Size Fee (37 CFR 1.16(s))												
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
** If *** I	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

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